USE OF TRAUMA FLOW SHEETS

Original Release/Approval		1 Jun 2008	Note: This CPG requires an annual review.	
Reviewed:	Nov 2008	Approved:	1 Dec 2008	
Supersedes:	Use of Trauma Flow Sheets & Electronic Documentation, 1 Jun 08			

1. Goal. Obtain complete trauma documentation, including evacuation documentation, on all trauma patients from Level IIb & Level III within the CENTCOM AOR.

2. Background. The role of trauma documentation within the Joint Theater Trauma System for trauma performance improvement has continuously increased since the Joint Theater Trauma Registry (JTTR) was initiated in 2004. This progression is not unlike the first civilian trauma registries and standardized trauma flow sheets that were developed in the late 1980s. JTTR data acquisition and processing has improved greatly, partly because of the continuing advances (i.e. development of a standardized trauma flow sheet, initiation of Oracle-based registry database, and Level II MS Access trauma database) that offer new approaches and maximize computer technologies and the deployment of trauma coordinators to most Level III sites. Data collection that allows theater-wide comparison is important for the continuous learning process and to improve outcomes, standard of care development, analysis of differences in the mechanisms of injury, rescue systems, and approved treatment guidelines.

Although trauma flow sheet documentation can incorporate information from numerous sources (nursing flow sheets, monitors, medevac run-sheets, I-stat print outs, etc.); **if the history taking, physical examination, or decision making is not documented by the trauma team leader, it didn't occur.** Therefore, good documentation on the trauma flow sheets is most important for care of the individual patient and the system-wide delivery of trauma/critical care to all injured patients within the CENTCOM AOR. It is easy to forget or only capture limited data on trauma flow sheets when trauma patients spend very little time in the ED prior to heading to the OR. However, it is imperative to document the thought process and to take the time to complete the trauma flow sheet when time permits, even if completed the next day.

Although trauma documentation requirements are well known, it is noted that this is an area in need of improvement. Although not exhaustive, the following are documentation performance improvement areas that repeatedly surface which need careful attention:

a. Complete set of initial vital signs, including temperature and respiration rate

b. GCS total score and individual Motor, Verbal & Eye opening scores

c. Total IV volume (blood, colloid and crystalloid) infused in the ED, even if fluid administration continues after transport

d. Disposition: Place and time

e. Arrival time

f. Mechanism of Injury

g. Labs transferred to trauma flow sheet (especially HCT, INR, and BE)

h. Lethal Triad Indicators (Hypothermia, Acidosis, Coagulopathy)

3. Indications for Initiation and Completion of Trauma Flow Sheets. A trauma flow sheet should be initiated on ***ALL*** patients (battle/non-battle injury coalition forces, ANA, ANP, IP, IA, LN, contractors, etc.) triaged as Immediate. In addition, trauma flow sheets should be completed on all patients seen within the first 72 hours of the following mechanisms of injury and all unstable patients regardless of injury time:

a. GSW
b. Blast (IED, bomb, grenade, mortar, landmine, RPG, etc)
c. Burns (fire, liquid, chemical, electrical)
d. Head Injury (open and closed)
e. Blunt Trauma
f. Crush Injury
g. Assault/Fight
h. Motor Vehicle or Air Frame Crash
i. Penetrating wounds (stabbing, shrapnel, penetrating eye)
j. Falls
k. Drowning
l. NBC related
m. Inhalation injury
n. All trauma admissions to any/all Level III facilities in the continuum

It is the intent of this guideline that the broadest definition of trauma be used. This should include the majority of patients with single or multi-system injury seen in the emergency department or admitted directly to the ICU and is to be used as the primary method of initial documentation.

4. Responsibilities.

a. It is the trauma team leader's responsibility to ensure the physician's trauma flow sheet is complete at Level III and the Combined Trauma Flow Sheet is completed at Level II.
b. It is the responsibility of the nurse assigned to the trauma bay/patient to ensure the Nursing Trauma Flow Sheet is completed at Level III and that the nursing portion of the Combined Trauma Flow Sheet is completed.
c. A member of the trauma team that is receiving report (CCATT, medevac, ground ambulance) should request a copy of the transport run-sheet and ensure it is included in the patient's record. All times on the trauma flow sheet should be Zulu, not local.

Approved by CENTCOM JTTS Director, JTS Director and Deputy Director and CENTCOM SG

APPENDIX A

JTTR Level II Physician Form (2 Pages)

PHYSICIAN TRAUMA ADMITTING RECORD (Forward Resuscitative Capability) - Formerly Level 2

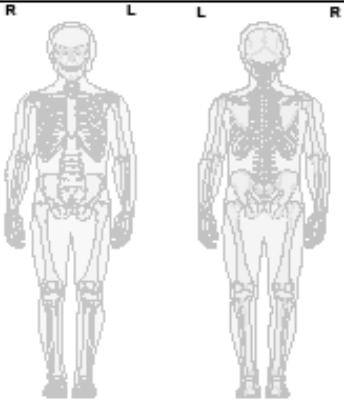
DATE: _____ VITAL SIGNS
TIME OF INJURY: _____
TIME OF ARRIVAL: _____ T____ P____ R____ BP ____/____ O2 Sat ____
LOCATION OF PRE-HOSP. CARE: _____

TRIAGE CATEGORY
☐ Immediate ☐ Delayed
☐ Minimal ☐ Expectant

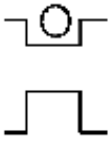
HISTORY & PHYSICAL

INJURY DESCRIPTION R L L R

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn %TBSA_____
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain



Pulses Present:
S= Strong
W= Weak
D= Doppler
A=Absent



HISTORY AND PRESENTING ILLNESS: _____

MECHANISM OF INJURY

☐ GSW/Bullet	☐ Assault
☐ Blunt trauma	☐ Chemical
☐ MVC	☐ Biological
☐ Building Collapse	☐ Rad/nuclear
☐ Helo crash	☐ Crush
☐ Plane Crash	☐ Fall
☐ Knife/edge (stab)	☐ Blast/Explosion
☐ Single frag	☐ IED
☐ Multi-frag	☐ Bomb
☐ Flying debris	☐ UXO
☐ Drowning	☐ Mortar
☐ Hot Obj/Liquid	☐ Landmine
☐ Burn	☐ Grenade
☐ Other _____	☐ Machinery

CARE DONE PRIOR TO ARRIVAL

Airway: ☐ no ☐ yes Type: _____
IVs: ☐ no ☐ yes Type:_____ Amt:_____
Chest tube: ☐ no ☐ yes R L (circle as applicable)
Temp control measure: ☐ no ☐ yes type: ☐ body bag ☐ other
Intraosseous access: ☐ no ☐ yes Location: _____

HISTORY & PHYSICAL

Head & Neck: Tymp Membranes Clear R ☐ L ☐ Blood R ☐ L ☐

Chest:

Abdomen:

Pelvis:

Upper Extremities:

Lower extremities:

Neuro: GCS:_____ E__/4 M__/5 V__/6
C-Spine Tender ☐ Yes ☐ No

Motor Deficit: None / R UE/LE / L UE/LE

Skin: Burn: 1st 2nd 3rd %TBSA

Vision: Pupils R L
Blink ☐ ☐
Sluggish ☐ ☐
NR ☐ ☐
Hand motion ☐ ☐
Light perception ☐ ☐
No light perception ☐ ☐
Size ___mm ___mm

RESUSCITATIVE PROCEDURES

☐ C-Collar ☐ Intubate
☐ Airway (oral/ nasal) ☐ CRIC
☐ Chest tube ☐ R ☐ L Output: ☐ Blood: m/s _____ ☐ Air
☐ Needle decompression ☐ R ☐ L Output: ☐ Blood: m/s_____ ☐ Air
☐ Pericardiocentesis ☐ Thoracotomy

Rectal Exam
Tone_____
Gross blood +/-
Prostate_____
GYN_____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type: CAT / SOFTT / Other Time on:_____ Time off:_____

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type: CAT / SOFTT / Other Time on:_____ Time off:_____

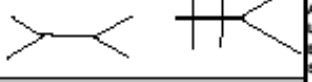
☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseous
☐ Central Line
☐ A-Line

HYPO / HYPERTHERMIA CONTROL MEASURES

Begin temp _____ Time/date
End temp _____ Time/date
Temperature control procedure:
☐ Bair Hugger ☐ Level 1 Fluid Warmer
☐ Chill Buster ☐ Body Bag
☐ Cooling Blanket ☐ Other

LABORATORY

CBC | CHEMISTRY



PT/ INR/ PTT
___/___/___

LFTs
Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other:

URINALYSIS
SpGr: _____
Ph: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

ALLERGIES
☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

ABG
FIO2: _____ VENT:
Ph: _____ YES NO
PCO2: _____ ETT Size:
PO2: _____ _____
HCO3: _____
Sat: _____
BE: _____

MEDICATIONS
☐ DT
☐ Abx _____
☐ Versed
☐ Morphine
☐ Fentanyl
☐ Other:

IV FLUIDS/BLOOD PRODUCTS
☐ Crystalloids _____cc's NS LR
☐ Colloids _____cc's
☐ PRBC's _____units
☐ FFP _____units
☐ Whole Bld _____ _____units
☐ Cryo _____units
☐ PLT's _____packs

PMH
☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratory ☐ Other
☐ Seizure

Patient NAME/ID: Date: (dd,mm,yy)
Last: First MI
SSN/ID DOB/AGE

ASD(HA) September 06 This Form is Subject to the Privacy Act of 1974 Page 1 of 2

PHYSICIAN TRAUMA ADMITTING RECORD (Forwared Resusciative Capability) - Formerly Level 2

X-RAYS	OBTAINED	PENDING	RESULTS
CXR	☐ SUPINE ☐ UP RIGHT ☐ _____		
OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

IMPRESSION

DIAGNOSIS

1
2
3
4
5

PLAN

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury,Other	☐ STDs	☐ _____
☐ FUO	☐ Injury,Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

PROTECTIVE GEAR	WORN	NOT WORN	STRUCK	PENETRATED
Helmet circle: Kevlar/ ACH/ MICH/ CVC/ AVN/ USMC	☐	☐	☐	☐
Flak Vest/IBA circle: XS/ S/ M/ L/ XL/ XXL/ XXXL/ XXXXL	☐	☐	☐	☐
Ceramic Plate circle: XS/ S/ M/ L/ XL	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear eyeglasses/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG	☐	☐	☐	☐
Deltoid/Axilla ext.	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (yoke and collar, throat protector)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext.	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐

Evacuated/ Dispositioned to:

☐ Admit to _____

☐ Evac to III, IV, HN, Coalition
Name of facility: _____

☐ RTD Unit _____

☐ Deceased (see below)

EVAC PRIORITY
☐ Routine
☐ Priority
☐ Urgent

Time of disposition: _____

Damage Control: ☐ yes ☐ no
Hypothermia: ☐ yes ☐ no
Coagulopathy: ☐ yes ☐ no

Shook?
☐ Yes ☐ No

Attending Staff:

Physician Signature: _____

Physician Printed or Typed Name: _____

Cause of Death

Anatomic:
☐ Airway ☐ Chest ☐ Extremity U/L
☐ Head ☐ Pelvis ☐ Other, specify
☐ Neck ☐ Abdomen

Physiologic:
☐ MOF ☐ Hemorrhage ☐ Other
☐ CNS ☐ Total Body Disruption
☐ Sepsis ☐ Breathing

Patient ID/SSN:

Last First MI MTF

SSN/ID DOB/AGE

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APPENDIX B

JTTR Level III Physician Form (2 Pages)

PHYSICIAN TRAUMA ADMITTING RECORD (Theater Hospitalization Capability) - Previously Level 3

H&P Form

DATE: _____ VITAL SIGNS

TIME OF INJURY: _____

TIME OF ARRIVAL: _____ T____ P_____ R____ BP ___/____ O2 Sat ____

LOCATION OF PRE-HOSP. CARE: _____

TRIAGE CATEGORY

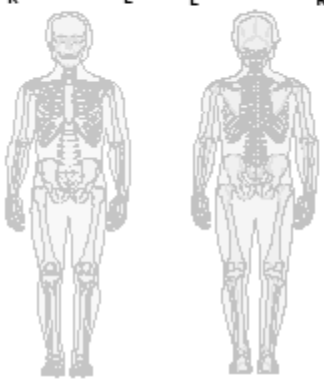
☐ Immediate ☐ Delayed

☐ Minimal ☐ Expectant

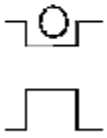
HISTORY & PHYSICAL

INJURY DESCRIPTION R L L R

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn %TBSA____
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(SS)Seatbelt Sign



Pulses Present:
S= Strong
W= Weak
D= Doppler
A=Absent



HISTORY AND PRESENTING ILLNESS: _____

MECHANISM OF INJURY

☐ GSW/Bullet	☐ Assault
☐ Blunt trauma	☐ Chemical
☐ MVC	☐ Biological
☐ Building Collapse	☐ Rad/nuclear
☐ Helo crash	☐ Crush
☐ Plane Crash	☐ Fall
☐ Knife/edge (stab)	☐ Blast/Explosion
☐ Single frag	☐ IED
☐ Multi-frag	☐ Bomb
☐ Flying debris	☐ UXO
☐ Drowning	☐ Mortar
☐ Hot Obj/Liquid	☐ Landmine
☐ Burn	☐ Grenade
☐ Other _____	☐ Machinery

PRE-HOSPITAL

Pre-hospital airway: ☐ no ☐ yes Type: _____

Pre-hosp. tourniquet : ☐ no ☐ yes type: ___ TIME on:____ off:_____

Pre-hosp. chest tube: ☐ no ☐ yes R L (circle as applicable)

Temp control measure: ☐ no ☐ yes type: ☐ body bag ☐ other

Intraosseous access: ☐ no ☐ yes Location: _____

Head & Neck: Tymp Membranes Clear R ☐ L ☐ Blood R ☐ L ☐

☐ C-Collar ☐ Intubate ☐ Cantholomy (circle L/R)
☐ Airway (oral/ nasal) ☐ CRIC ☐ Cantholysis (circle L/R)

Chest:

☐ Chest tube ☐ R ☐ L Output: ☐ Blood: mls_____ ☐
☐ Needle decompression ☐ R ☐ L Output: ☐ Blood: mls_____ ☐ Air
☐ Pericardiocentesis ☐ Thoracotomy

Abdomen:

Rectal Exam
Tone_____
Gross blood +/-
Prostate_____
GYN_____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

Pelvis:

Upper Extremities:

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type CAT / SOFTT / Oth Time on:____ Time off:____

Lower extremities:

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout

Neuro: GCS:_____ E__/4 M__/5 V__/6

C-Spine Tender ☐ Yes ☐ No

Motor Deficit: None
R UE/LE
L UE/LE

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☐ ☐
NR ☐ ☐
Hand motion ☐ ☐
Light perception ☐ ☐
No light perception ☐ ☐
Size mm mm

Skin: Burn: 1st 2nd 3rd %TBSA

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseous
☐ Central Line
☐ A-Line

HYPO / HYPERTHERMIA CONTROL MEASURES

Beginning temp _____ Time/date
Ending temp _____ Time/date

Temperature control procedure

☐ Bair Hugger ☐ Level 1 Fluid Warmer
☐ Chill Buster ☐ Body Bag
☐ Cooling Blanket ☐ Other

LABORATORY

CBC **Chemistry**

PT/ INR/ PTT

_____/_____/_____

ABG

FIO2: _____ VENT:
Ph: _____ YES NO
PCO2: _____ ETT Size:
PO2: _____ _____
HCO3: _____
Sat: _____
BE: _____

LFT

Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other:

MEDICATIONS

☐ DT
☐ Abx _____
☐ Versed
☐ Morphine
☐ Fentanyl
☐ Other:

URINALYSIS

SpGr: _____
Ph: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

IV FLUIDS/BLOOD PRODUCTS

☐ Crystalloids _____cc's NS LR
☐ Colloids _____cc's
☐ PRBC's _____units
☐ FFP _____units
☐ Whole Bld _____ _____units
☐ Cryo _____units
☐ PLT's _____packs

ALLERGIES

☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

PMH

☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratory ☐ Other
☐ Seizure

Patient NAME/ID:

DATE: (dd,mm,yy)

Last: First MI

SSN/ID DOB/AGE

ASD(HA) September 06 This Form is Subject to the Privacy Act of 1974 Page 1 of 2

PHYSICIAN TRAUMA ADMITTING RECORD (Theater Hospitalization Capability) - Previously Level 3

X RAYS		OBTAINED	PENDING	RESULTS
	CT	☐ HEAD ☐ C-SPINE ☐ ABD/PELVIS ☐ CHEST		
	CXR	☐ SUPINE ☐ UP RIGHT ☐ _____		
	OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE		
		☐ LUE ☐ _____ ☐ _____		

IMPRESSION:

DIAGNOSIS

1

2

3

4

5

PLAN:

EVACUATED TO/DISPOSITION

☐ Admit to OR, ICU, ICW _____

☐ Evac to III, IV, HN, Coalition

Location: _____

☐ RTD Unit _____

☐ Deceased (see below)

EVAC PRIORITY

☐ Routine
☐ Priority
☐ Urgent

Time of disposition: _____

Damage Control:	☐ yes	☐ no
Hypothermia:	☐ yes	☐ no
Coagulopathy:	☐ yes	☐ no
	☐ yes	☐ no

Shook?
☐ Yes ☐ No

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury, Other	☐ STDs	☐ _____
☐ FUO	☐ Injury, Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

ATTENDING STAFF

Physician Signature: _____

Physician Printed or Typed Name: _____

CAUSE OF DEATH

Anatomic:
☐ Airway ☐ Chest ☐ Extremity U / L
☐ Head ☐ Pelvis ☐ Other, specify
☐ Neck ☐ Abdomen

Physiologic:
☐ MOF ☐ Hemorrhage ☐ Other
☐ CNS ☐ Total Body Disruption
☐ Sepsis ☐ Breathing

PATIENT ID/SSN

Last First MI MTF

SSN/ID DOB/AGE

ASD(HA) September 06 | This Form is Subject to the Privacy Act of 1974 | Page 2 of 2

APPENDIX C

JTTR Level III Nursing Form (3 Pages)

JOINT THEATER TRAUMA NURSING RECORD (Theater Hospitalization Capability) - Previously Level 3

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS
Date: _____
Time of arrival: _____
Time of injury: _____
Transit time: _____
C-spine immob: Y/N Functional IV: Y/N
Intubated: Y/N Cric: Y/I N Needle Decompr: Y/N
T: ____ BP: ____/____ HR: ____ RR: ____ O_2Sat: ____
PAIN: 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: GCS:

TRIAGE CATEGORY
☐ Immediate
☐ Delayed
☐ Minimal
☐ Expectant

WOUNDED BY
☐ Unknown
☐ Enemy
☐ Friendly
☐ Civ (Host nation)
☐ Training
☐ Self accident
☐ Self inflicted
☐ Sports recreation
☐ Other:

MODE OF ARRIVAL
☐ Walked
☐ Carried
☐ USMC CASEVAC
☐ Non-med ground
☐ Ground ambulance
☐ Non-med air
☐ Air ambulance
☐ Ship EVAC
☐ Other:

PATIENT CATEGORY
Nation:
☐ US
☐ Host nation
☐ Coalition: _____
☐ Enemy: _____
Service:
☐ USA
☐ USN
☐ USMC
☐ USAF
☐ SOF
☐ Civilian
☐ Combatants
☐ Contractor
☐ ING
☐ IP
☐ Non-gov't org
☐ Other:

TOURNIQUET
☐ Yes ☐No
Time on: _____ off: _____
Type: CAT/ SOFTT/ Other:

CPR IN PROGRESS
☐ Yes ☐ No
Time started: _____
Time ended: _____

GENDER
☐ Male
☐ Female

PRE-HOSP. WARMING
☐ Blanket
☐ Space blanket
☐ Body bag
☐ Other:

HOSP. WARMING
☐ Radiant warmer
☐ IV bag warmer
☐ Bair hugger
☐ Level I
☐ Other:

PRE HOSP. MEDS @ _____ (time)
☐ Morphine _____ ☐ RSI meds ☐ Antibiotic ☐ Other:
☐ Fentanyl ☐ Seizure med ☐ Mannitol

CHIEF COMPLAINT

EVAC FROM (Check/circle all that apply)
☐ Field
☐ Coalition
USA/ USN/ USAF/ USMC/
Level I IIa IIb III

☐ ID WRIST BAND ON

PRIMARY SURVEY

AIRWAY
☐ Patent
☐ Stridor
☐ Drooling
☐ Obstructed
☐ Oral/Nasal Airway
☐ BVM
☐ Combi tube
☐ Intubated
☐ Other:

BREATHING Breath Sounds

	Right	Left
☐ Unlabored	☐ Clear	☐
☐ Labored	☐ Rales	☐
☐ Absent	☐ Flail	☐
☐ Retraction	☐ Wheeze	☐
☐ Flaring	☐ Absent	☐

Trachea: ☐Midline ☐Deviated
Chest symmetry: (circle one)
Left> Equal <Right

CIRCULATION
Skin:
☐ Warm ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic
☐ Dry ☐ Moist ☐ Diaph
Heart Sounds:
☐ Clear ☐ Muffled
Capillary Refill:
☐ <2 seconds (normal)
☐ >2 seconds (delayed)

DEFICIT/NEURO
☐ Alert
☐ Responds to verbal
☐ Responds to pain
☐ Unresponsive
GCS: _____
Eyes __/ 4 Verbal __/ 5
Motor __/ 6 **Total**___/ **15**
Sphincter Tone:
☐ WNL ☐ Weak ☐ None

SECONDARY SURVEY

HEAD/NECK EENT
Drainage:
Nose (color): _____
CSF: + / -
Eyes: Equal R / L
Fixed R / L
Reactive R / L
Dilated R / L
Other: _____
C-Spine tender:
☐ Yes ☐No
Dental injury:
☐ Yes ☐No
Tympanic Membrane:
Clear R L
Blood R L

HEART
Rhythm:
☐ NSR (tachy/brady)
☐ V-fib/tach
☐ PEA
☐ Asystole
☐ Other
Pulses:
S = Strong **D** = Doppler
W = Weak **A** = Absent
Carotid ____ R ____ L
Femoral ____ R ____ L
Brachial ____ R ____ L
Radial ____ R ____ L
Pedal ____ R ____ L
JVD Distension: ☐ Yes ☐No

ABDOMINAL/GU
☐ Flat
☐ Distended
☐ Obese
☐ Non-tender
☐ Tender
☐ Rigid
☐ Guarding
☐ Rebound tenderness
☐ Unable to assess
☐ Open wound

Pelvis stable: ☐ Yes ☐ No
Binder: ☐ Yes ☐ No
Hemorrhage: ☐ Yes ☐ No
Blood at meatus/vagina: ☐ Yes ☐ No
Prostate: ☐ WNL ☐ Abnormal
Heme +/-

FAST DONE: POS / NEG / NA

Last Meal @ _____

EXTREMITIES
Fracture/dislocation:
☐RUE ☐ RLE
☐LUE ☐ LLE

	Motor	Sens	ROM
RUE	+ / -	+ / -	+ / -
LUE	+ / -	+ / -	+ / -
RLE	+ / -	+ / -	+ / -
LLE	+ / -	+ / -	+ / -

LOG ROLL TIME:
Back exam:
☐ WNL
☐ ABNL (describe)
_____

PATIENT IDENTIFICATION
Name/Rank:
SSN/Patient Id #:
DOB: (ddmmyy) Age:_____
Deployed unit:
MTF transferred from: MTF:

ALLERGIES
☐ Unknown
☐ NKDA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Other:
_____

PAST MED HX
☐ Unknown
☐ None
☐ Respiratory hx
☐ Seizure hx
☐ Cardiac hx
☐ HTN
☐ DM
☐ Ulcers
☐ Other:

CURRENT MEDICATIONS
☐ Unknown
☐ None
☐ List current meds:
_____
_____
_____
_____
_____

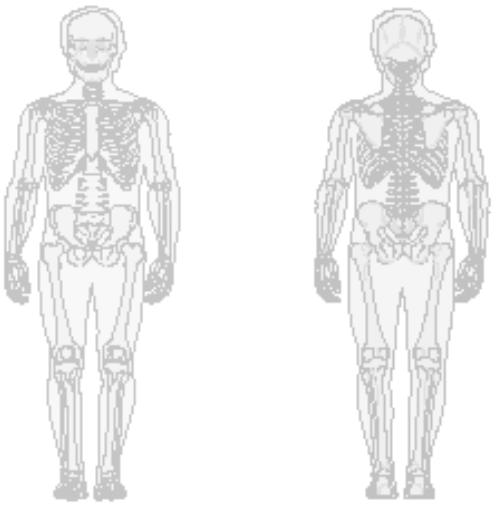
ASD(HA) September 05 Subject to the Privacy Act of 1974 Page 1 of 3

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**P**)ain
(**SS**)Seatbelt Sign
(**SW**)Stab Wound

R L L R



ANTERIOR POSTERIOR

MECHANISM OF INJURY

- ☐ GSW/Bullet
- ☐ Blunt trauma
- ☐ Single frag
- ☐ Multi-frag
- ☐ Plane crash
- ☐ Helo crash
- ☐ Knife (stab)
- ☐ Mortar
- ☐ RPG/Grenade
- ☐ Drowning
- ☐ Flying Debris
- ☐ Machinery
- ☐ Landmine
- ☐ Building collapse
- ☐ Assault / fight
- ☐ Other:
- ☐ MVC
- ☐ Blast
- ☐ Burn
- ☐ Crush
- ☐ Fall
- ☐ IED
- ☐ Chemical
- ☐ Biological
- ☐ Radiologic
- ☐ Nuclear
- ☐ Bomb
- ☐ UXO
- ☐ Hot obj/liq

Burn: ☐ 1st ☐ 2nd ☐ 3rd
%TBSA = _____

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin bandage (Type: _____ example: Chitosan) ☐ Other: _____

PROTECTIVE GEAR	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS	X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
	ET intubation	Teeth_____	☐ oral ☐ nasal		☐ $ETCO_2$ change ☐ BBS post int.		Chest		Head
	Gastric Tube		☐ oral ☐ nasal		☐ Verified _____ Suction Y N		Abdom.		Chest
	Urinary		☐ meatus ☐ supra.		Heme dip + / - Results _____ cc		C-spine		Abdom.
							Pelvis		Pelvis
							Extrem.		
	Chest tube #1		L R		air blood				
	Chest tube #2		L R		air blood				
	A-line		L R			O2 on:	O2 off:	Nasal canula ☐	
	Thoracotomy		L R					NRB Mask ☐	
	Tourniquet	Type:	Site:					BVM ☐	

LABS

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ____
	Chemistry		UA
	PT/PTT		HCG
	TEG		Other

Intravenous Access

Time	#	gauge	IVF type	site	amt up	amt in
					total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) **DOB:** (ddmmyy)
Age
Patient Id./SSN: **Deployed Unit**

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JOINT THEATER TRAUMA NURSING RECORD

IV FLUIDS						NOTES
TIME	FLUID	RATE	START	STOP	VOLUME	

BLOOD PRODUCTS					
UNIT #	TYPE	START	STOP	INITIAL	VOLUME

MEDICATIONS				
DRUG	DOSE	ROUTE	TIME	INITIAL

VITAL SIGNS							
TIME	NBP	ABP	HR	RR	TEMP	SAO2	RYTHYM

INTUBATION MECH/VENT

TIME: _____
FIO2: _____
PEEP: _____
MODE: _____
RATE _____
TV: _____

DEATH INFORMATION

Time of Death:_____

Mortuary Affairs Notified?
Yes No

Time to Morgue: _____

DISPOSITION

ADMIT: OR ICU ICW TIME:_____
RTD: FULL QUARTER PROFILE
AIR EVACUATION TO: _____
TIME DISPOSITION: _____ LITTER W/C AMBULATORY

VALUABLES

	None found
	Secured by PAD
	Given to Patient
Time:_____	

PATIENT IDENTIFICATION

Name:
SSN:
Trauma No.:

Nurse Name:

Signature:

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APPENDIX D

Afghanistan Level IIb – WHMC Form 5064, 20061201 (3 Pages)

TRAUMA TREATMENT RECORD (FORWARD RESUSCITATIVE CARE) (Level 2B)

(This form is subject to the Privacy Act of 1974 - PAWS on DD Form 2005 applies)

ARRIVAL STATUS
Date: _____
Time of Injury: _____
Time of Arrival: _____
Transit Time: _____
C-spine immob. ☐ Yes ☐ No Functional IV ☐ Yes ☐ No
Intubated: ☐ Yes ☐ No Cric: ☐ Yes ☐ No
Needle Decompr: ☐ Yes ☐ No
T: ____ BP: ____/____ HR: ____ RR: ____ O2Sat: ____
PAIN: ____ 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: _____ GCS: _____

TRIAGE CATEGORY
☐ Immediate
☐ Delayed
☐ Minimal
☐ Expectant

WOUNDED BY
☐ Unknown
☐ Enemy
☐ Friendly
☐ Civ (Host Nation)
☐ Training
☐ Self Accident
☐ Self Inflicted
☐ Sports Recreation
☐ Other:

MECHANISM OF INJURY
☐ GSW/Bullet ☐ Machinery
☐ Blunt Trauma ☐ Landmine
☐ Single Frag ☐ Crush
☐ Multi-Frag ☐ MVC
☐ Plane Crash ☐ Chemical
☐ Helo Crash ☐ Biological
☐ Knife (Stab) ☐ Rad/Nuclear
☐ Mortar ☐ Hot Object/Liquid
☐ RPG/Grenade ☐ Assault/Fight
☐ Drowning ☐ Blast/Explosion
☐ Flying Debris ☐ Building Collapse
☐ Bomb ☐ Fall
☐ UXO ☐ Burn
☐ IED ☐ Other

PT CAT.
Nation:
☐ US
☐ Host Nation
☐ Coalition
☐ Enemy
Service:
☐ USA
☐ USN
☐ USMC
☐ USAF
☐ SOF
☐ Civilian
☐ Combatant
☐ Contractor
☐ ING/ANA
☐ IP/ANP
☐ Non-Govt Org
☐ Media:
☐ Other:

PRE HOSP HEMOSTATIC
☐ Unknown
☐ Quick Clot
☐ Fibrin Bandage
☐ Direct Pressure
☐ Field Dressing
☐ HemCon
☐ None
☐ Other

PRE HOSP WARM
☐ Blanket
☐ Space Blanket
☐ Body Bag
☐ Other
☐ HPMK

HOSP WARMING
☐ Radiant Warmer
☐ IV Bag Warmer
☐ Bair Hugger
☐ Initial Responder
☐ Other:

TOURNIQUET
☐ Yes ☐ No
Time On: _____ Off: ____
Type: ☐ CAT ☐ SOFTT ☐ Other:

CPR IN PROGRESS
☐ Yes ☐ No
Time Started: _____
Time Ended: _____

GENDER
☐ Male
☐ Female

PRE HOSP MEDS
☐ Morphine _____ ☐ RSI Meds ☐ Antibiotic
☐ Fentanyl _____ ☐ Seizure Med ☐ Mannitol

PRE HOSP AIRWAY
☐ Yes Type _____
☐ No

PRE HOSP IV **Intra Osseous**
☐ Yes ☐ No ☐ Yes ☐ No
Type/Size/Location:
Amt/Type Fluid:

PRE HOSP CHEST TUBE
☐ Yes Location
☐ No ☐ R ☐ L

EVAC FROM
☐ Field ☐ USA ☐ USN ☐ Init Responder
☐ Coalition ☐ USAF ☐ USMC ☐ Fwd Resus Unit
☐ Theater Hospital

MODE OF ARRIVAL
☐ Walked ☐ Carried ☐ Air Ambulance ☐ USMC Casvac
☐ Non-Med Ground ☐ Ground Ambulance ☐ Ship Evac
☐ Non-Med Air ☐ Other MISSION #_____

Chief Compliant:

HISTORY & PHYSICAL

Head & Neck: Tymp Membranes Clear ☐ R ☐ L Blood ☐ R ☐ L

Chest:

AIRWAY
☐ Patent
☐ Stirdor
☐ Drooling
☐ Obstructed
☐ BVM
☐ Other

INITIAL PROCEDURES/DIAGNOSTICS
☐ C-Collar ☐ Intubate ☐ Combi-tube
☐ Airway (oral/nasal) ☐ CRIC
☐ Chest Tube ☐ R ☐ L Output: _____ Blood: mls_____ ☐ Air
☐ Needle Decompression ☐ R ☐ L ☐ Output Blood: mls_____ ☐ Air
☐ Pericardiocentesis
☐ Thoracotomy

Abdomen:

Pelvis: ☐ Stable ☐ Unstable

RECTAL EXAM
Tone _____
Gross Blood +/-
Prostate _____
GYN _____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

Upper Extremities:
☐ Closed Reduction ☐ Splint ☐ EXT Fixation ☐ Wound Washout
☐ Tourniquet Type ☐ CAT ☐ SOFTT ☐ Other Time On:_____ Time Off:_____

Lower Extremities:
☐ Closed Reduction ☐ Splint ☐ EXT Fixation ☐ Wound Washout
☐ Tourniquet Type ☐ CAT ☐ SOFTT ☐ Other Time On:_____ Time Off:_____

Neuro: GCS: _____
E____/4 M____/6 V____/5
C-Spine Tender
☐ Yes
☐ No

Motor Deficit:
☐ None
Right ☐ UE ☐ LE
Left ☐ UE ☐ LE

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☐ ☐
NR ☐ ☐ Size
Hand Motion ☐ ☐ _____mm
No Light Perception ☐ ☐ _____mm

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseus
☐ A-Line

Burn:
☐ Burn Sheet Initiated
☐ 1st ☐ 2nd ☐ 3rd
% TBSA_____
Cause_____

LABORATORY

CBC **CHEMISTRY**

PT/INR/PTT
_____/_____/_____

ABG
FIO2:_____
pH:_____
pCO2:_____
HCO3:_____
Sat:_____
BE:_____

LFTs
Amylase:_____
Alk Phos:_____
LDH:_____
Bili:_____
SGOT:_____
SGPT:_____
Other:_____

Vent: ☐ Yes ☐ No
ETT Size:_____

URINALYSIS
SpGr:_____
pH:_____
Chem:_____
Micro:_____
RBC:_____
WBC:_____
Bact:_____
HCG:_____

ALLERGIES
☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

IV FLUIDS/BLOOD PRODUCTS
☐ Crystalloids_____cc's ☐ NS ☐ LR
☐ Colloids _____cc's
☐ PRBC's_____ _____units
☐ FFP_____ _____units
☐ Whole Bld _____ _____units
☐ Cryo _____ _____ units
☐ PLT's _____packs _____packs

MEDICATIONS
☐ DT ☐ Fentanyl
☐ Versed ☐ Abx _____
☐ Morphine ☐ Other _____

PMH
☐ Unknown ☐ None ☐ HTN
☐ Respiratory ☐ Cardiac ☐ DM
☐ Seizure ☐ Ulcer ☐ Other

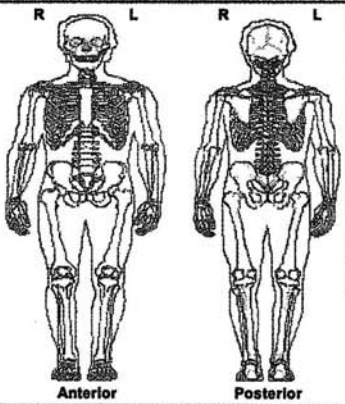
Patient Name/ID: DOB (ddmmyy):
SSN/ID: Age: Date (ddmmyy):

WHMC Form 5064, 20061201

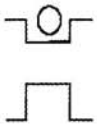
	OBTAINED	PENDING	RESULTS
XRAYS	CXR ☐ Supine ☐ Up Right ☐ _____		
	OTHER ☐ C-Spine ☐ Pelvis ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

SECONDARY SURVEY

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gunshot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound



Pulses Present:
S=Strong
W=Weak
D=Doppler
A=Absent



IMPRESSION

DIAGNOSIS

1
2
3
4
5

PLAN

DNBI CATEGORY

☐ Cardiac ☐ Endocrine ☐ Infectious Dz ☐ Injury, Work/Training ☐ Psychiatric, Stress ☐ All Other Medical/Surgical ☐ _____
☐ Dermatologic ☐ GI ☐ Injury, Sports ☐ Injury, Other ☐ Pulmonary ☐ _____
☐ FUO ☐ Heat/Cold ☐ Injury, MVC ☐ Neurologic ☐ STDs ☐ _____

PROTECTIVE GEAR ☐ Unknown	WORN	NOT WORN	STRUCK	PENETRATED
Helmet ☐ Kevlar ☐ ACH ☐ MICH ☐ CVC ☐ AVN ☐ USMC	☐	☐	☐	☐
Flak Vest/IBA ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐ XXXXL	☐	☐	☐	☐
Ceramic Plate ☐ XS ☐ S ☐ M ☐ L ☐ XL	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear ☐ SPECS ☐ SG-1 ☐ BLPS ☐ UVEX XC ☐ ESS land ☐ ESS NVG ☐ SWDG	☐	☐	☐	☐
Deltoid/Axilla ext. ☐ Side Armor ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (yoke and collar, throat protector) ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/Leg ext. ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐

Evaluated/Dispositioned To:

☐ Admit to _____

☐ Evac to: ☐ Theater Care ☐ Definitive Care ☐ HN ☐ Coalition

Name of Facility: _____

☐ RTD Unit _____

☐ Deceased (see below)

Time of Disposition (MOVE): _____

MISSION # _____

Damage Control: ☐ Yes ☐ No
Hypothermia: ☐ Yes ☐ No
Coagulopathy: ☐ Yes ☐ No
Shock: ☐ Yes ☐ No

Class of Hemorage: ☐ I ☐ II ☐ III ☐ IV

Attending Staff:

Physician Signature: _____

Physician Printed or Typed Name: _____

Cause of Death

Anatomic:		Physiologic:	
☐ Airway	☐ Pelvis	☐ MOF	☐ Total Body Disruption
☐ Head	☐ Abdomen	☐ CNS	☐ Hemorrhage
☐ Neck	☐ Extremity U/L	☐ Sepsis	☐ Other
☐ Chest		☐ Breathing	
☐ Other, Specify _____			

Patient Name/ID: DOB (ddmmyy):

SSN/ID: Age: Date (ddmmyy): MTF:

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IV FLUIDS

TIME	FLUID	RATE	START	STOP	VOLUME

BLOOD PRODUCTS

UNIT #	TYPE	START	STOP	INITIAL	VOLUME

MEDICATIONS

DRUG	DOSE	ROUTE	TIME	INITIAL

NOTES

VITAL SIGNS

TIME	SBP	DBP	HR	RR	TEMP	O2 Sat	RHYTHM

INTUBATION MECH/VENT

TIME: _____
FIO2: _____
PEEP: _____
MODE: _____
RATE: _____
TV: _____

DEATH INFORMATION

Time of Death: _____
Mortuary Affairs Notified? ☐ Yes ☐ No
Time to Morgue: _____

DISPOSITION

ADMIT: ☐ OR ☐ ICU ☐ ICW ☐ ICW TIME: _____
RTD: ☐ FULL ☐ QUARTER ☐ PROFILE
AIR EVACUATION TO: _____
TIME DISPOSITION: _____ ☐ LITTER ☐ W/C ☐ AMBULATORY

VALUABLES

☐ None found
☐ Secured by PAD
☐ Given to Patient
Time: _____

PATIENT IDENTIFICATION

Name:
Patient ID/SSN/Trauma No.

Nurse Name:
Date:
Signature:

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